

E-012-18

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR EXEMPTION PERMIT

ORIGINAL

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

MAR 19 2018

Facility/Project Identification

Facility Name: Rush University Medical Center		
Street Address: 1653 W. Congress Parkway		
City and Zip Code: Chicago 60612		
County: Cook	Health Service Area: 6	Health Planning Area: 6

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Rush University Medical Center
Street Address: 1653 W. Congress Parkway
City and Zip Code: Chicago 60612
Name of Registered Agent: Carl Bergetz
Registered Agent Street Address: 1700 W. Van Buren, Suite 301
Registered Agent City and Zip Code: Chicago, IL 60612
Name of Chief Executive Officer: Larry J. Goodman, M.D.
CEO Street Address: 1725 W. Harrison, Suite 364
CEO City and Zip Code: Chicago, IL 60612
CEO Telephone Number: (312) 942-5000

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Clare E. Connor
Title: Partner
Company Name: McDermott Will & Emery LLP
Address: 444 West Lake Street Suite 4000 Chicago, IL 60606-0029
Telephone Number: (312) 984-3365
E-mail Address: cconnor@mwe.com
Fax Number: (312) 277-2964

Additional Contact [Person who is also authorized to discuss the application for exemption permit]

Name: None
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR EXEMPTION PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Rush University Medical Center		
Street Address: 1653 W. Congress Parkway		
City and Zip Code: Chicago 60612		
County: Cook	Health Service Area: 6	Health Planning Area: 6

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Rush System For Health
Street Address: 1725 W. Harrison, Suite 364
City and Zip Code: Chicago 60612
Name of Registered Agent: Carl Bergetz
Registered Agent Street Address: 1700 W. Van Buren, Suite 301
Registered Agent City and Zip Code: Chicago, IL 60612
Name of Chief Executive Officer: Larry J. Goodman, M.D.
CEO Street Address: 1725 W. Harrison, Suite 364
CEO City and Zip Code: Chicago, IL 60612
CEO Telephone Number: (312) 942-5000

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
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- o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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E-mail Address: cconnor@mwe.com
Fax Number: (312) 277-2964

Additional Contact [Person who is also authorized to discuss the application for exemption permit]

Name: None
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

Post Exemption Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON **MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

Name: Justin T. Johnson
Title: Senior Corporate Counsel & Associate General Counsel
Company Name: Rush University Medical Center
Address: 1700 W. Van Buren Street, Suite 301, Chicago, IL 60612
Telephone Number: 312-942-6886
E-mail Address: Justin_T_Johnson@rush.edu
Fax Number: 312-942-4233

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Rush University Medical Center
Address of Site Owner: 1725 W. Harrison St, Chicago, IL 60612
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Rush University Medical Center	
Address: 1725 W. Harrison St, Chicago, IL 60612	
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements N/A**[Refer to application instructions.]**

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 ([http:// www.illinois.gov/sites/hfsrb](http://www.illinois.gov/sites/hfsrb)).

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements N/A**[Refer to application instructions.]**

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT**1. Project Classification****[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]**

Part 1110 Classification:

- ☐ Change of Ownership
- ☒ Discontinuation of an Existing Health Care Facility or of a category of service
- ☐ Establishment or expansion of a neonatal intensive care or beds

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Rush University Medical Center (hereinafter "RUMC") intends to permanently discontinue its 6 station outpatient chronic renal dialysis service. The service was provided to pediatric dialysis patients only. The service was temporarily discontinued via written notice to the Health Facilities and Services Review Board ("HFSRB") in October of 2017 due to low utilization. In the first three quarters of 2017 the service saw only 20 patients. RUMC has had no difficulty placing patients via referral to area facilities offering the service. In the future patients will continue to be referred to these local area dialysis facilities, where RUMC physicians will follow their care and treatment. The space may be used for the provision of acute dialysis services, when necessary.

This project has no costs.

Project Costs and Sources of Funds (Neonatal Intensive Care Services only)

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	N/A	N/A	N/A
Contingencies	N/A	N/A	N/A
Architectural/Engineering Fees	N/A	N/A	N/A
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	N/A	N/A	N/A
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	N/A	N/A	N/A
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	N/A	N/A	N/A
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	N/A	N/A	N/A
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	N/A	N/A	N/A
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
TOTAL SOURCES OF FUNDS	N/A	N/A	N/A
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100. Estimated start-up costs and operating deficit cost is \$ <u> N/A </u> .

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

- ☒ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): Shortly after exemption is issued.

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): **N/A**

- ☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☐ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Rush University Medical Center in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

Michael Dandorpha
PRINTED NAME

President
PRINTED TITLE

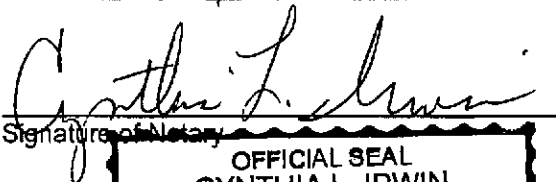

SIGNATURE

John Mordach
PRINTED NAME

CFO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 8th day of March, 2018

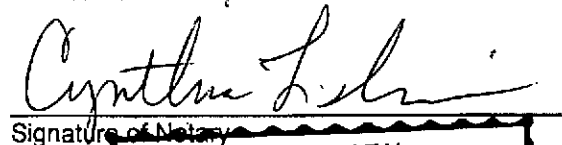

Signature of Notary

Seal

OFFICIAL SEAL
CYNTHIA L. IRWIN
Notary Public - State of Illinois
My Commission Expires 1/22/2021

Notarization:

Subscribed and sworn to before me
this 8th day of March, 2018


Signature of Notary

Seal

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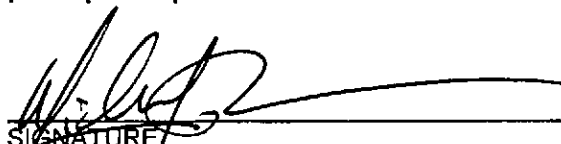
*Insert the EXACT legal name of the applicant

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

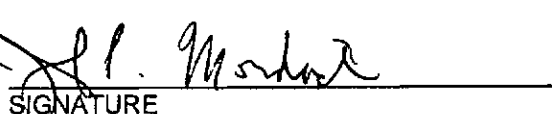
- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Rush System for Health in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

Michael Dandorff
PRINTED NAME

President
PRINTED TITLE

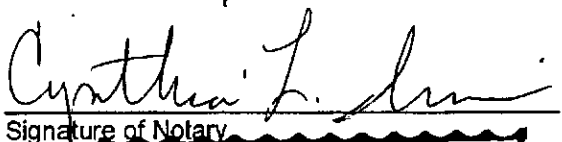

SIGNATURE

John Mordach
PRINTED NAME

CFO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 8th day of March, 2018

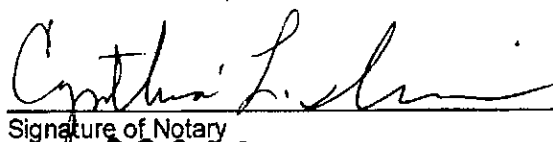

Signature of Notary

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My Commission Expires 1/22/2021

Notarization:

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this 8th day of March, 2018


Signature of Notary

Seal

OFFICIAL SEAL
CYNTHIA L. IRWIN
Notary Public - State of Illinois
My Commission Expires 1/22/2021

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility maintained by a State agency. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Type of Discontinuation

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Discontinuation of an Existing Health Care Facility |
| <input checked="" type="checkbox"/> | Discontinuation of a category of service |

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.
7. Upon a finding that an application to close a health care facility is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published on a daily basis, the additional legal notice shall be published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's web site and sent to the State Representative and State Senator of the district in which the health care facility is located. In addition, the health care facility shall provide notice of closure to the local media that the health care facility would routinely notify about facility events.
8. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the

date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility and whether or not it will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT (DISCONTINUATION ONLY)

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 40.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION (CHOW ONLY)

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 41.

CHARITY CARE			
	2014	2015	2016
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS **ATTACHMENT 21**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

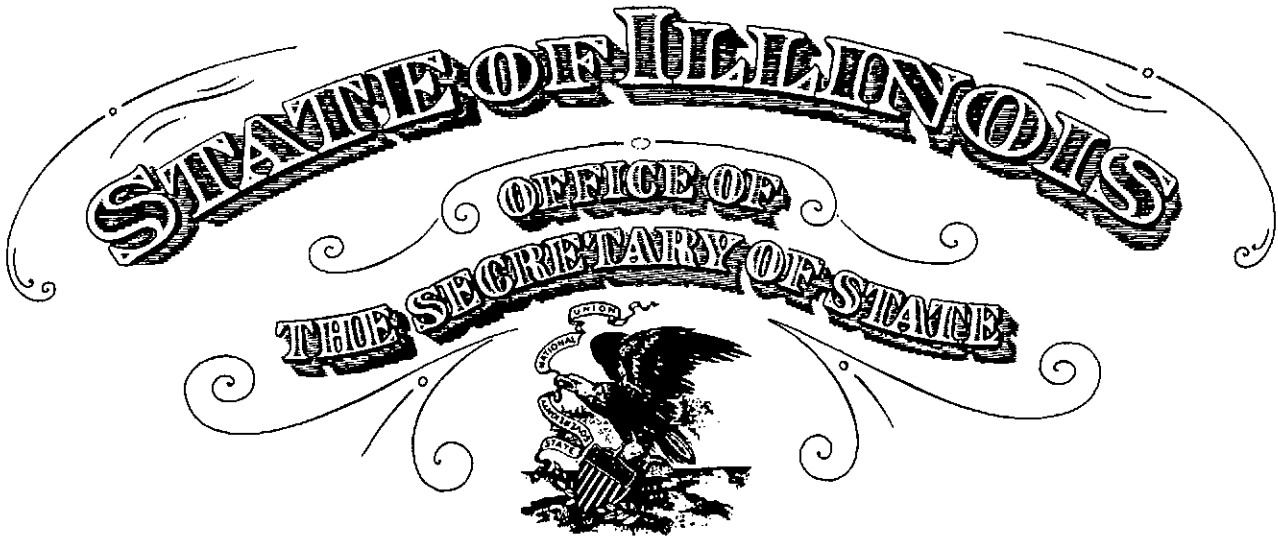
After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	16
2	Site Ownership	17
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	19
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	19
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Financial Commitment Document if required	
9	Cost Space Requirements	
10	Discontinuation	10
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
	Service Specific:	
14	Neonatal Intensive Care Services	
15	Change of Ownership	
	Financial and Economic Feasibility:	
16	Availability of Funds	
17	Financial Waiver	
18	Financial Viability	
19	Economic Feasibility	
20	Safety Net Impact Statement	22
21	Charity Care Information	23

Certificate of Good Standing
(Applicant)

File Number

5852-111-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

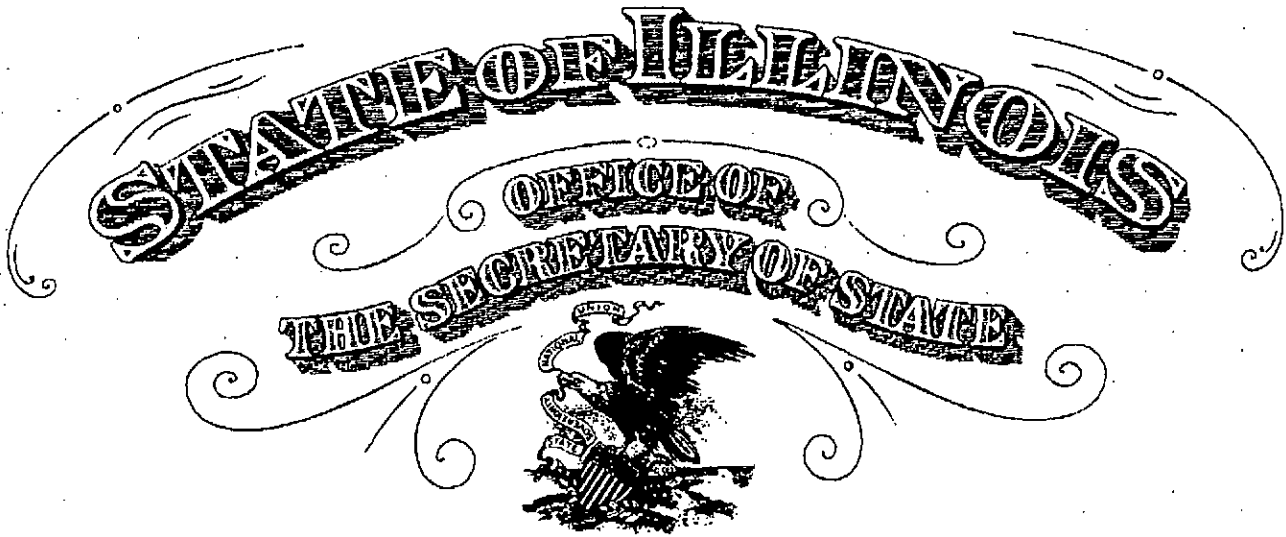
RUSH SYSTEM FOR HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 22, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 21ST
day of FEBRUARY A.D. 2018 .***

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RUSH UNIVERSITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 21, 1883, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 25TH
day of JANUARY A.D. 2018 .***

Jesse White

SECRETARY OF STATE

Site Ownership

N/A – Discontinuation of category of service.

Certificate of Good Standing
(Licensee)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RUSH UNIVERSITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 21, 1883, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

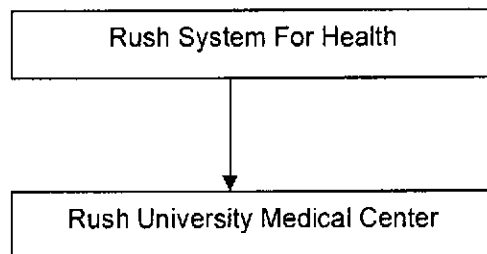


***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 25TH
day of JANUARY A.D. 2018 .***

Jesse White

SECRETARY OF STATE

Organization Chart



Criteria 1110.130 Discontinuation

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.

Chronic Renal Dialysis Category of Service. Six (6) Stations. (Pediatric use only)

2. Identify all of the other clinical services that are to be discontinued.

None.

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

March 31, 2018 or shortly after issuance of an exemption. The Illinois HFSRB will be notified of specific date of permanent discontinuation.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

The area may be used for the provision of acute dialysis for RUMC patients who require it.

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.

The records will be maintained by RUMC per IDPH and CMS requirements.

6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

N/A.

7. Upon a finding that an application to close a health care facility is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published on a daily basis, the additional legal notice shall be published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's web site and sent to the State Representative and State Senator of the district in which the health care facility is located. In addition, the health care facility shall provide notice of closure to the local media that the health care facility would routinely notify about facility events.

N/A.

8. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

See attached legal notice.

RUSH UNIVERSITY MEDICAL CENTER
IO-213697

ADORDERNUMBER: 0001044782-01

PO NUMBER: IO-213697

AMOUNT: 798.00

NO OF AFFIDAVITS: 1

Rush University Medical Center ("RUMC") in Chicago, Illinois, intends to permanently discontinue its 6 station chronic renal dialysis unit after approval to do so is issued by the Illinois Health Facilities & Services Review Board, which it anticipates will occur on or around February 1, 2018. RUMC intends to submit the required Certificate of Exemption application on or around December 15, 2017 and a copy of it and information about the intended discontinuation of the dialysis unit can be found on the HFSRB website at illinois.gov/ahhs/hfsrb. You may also contact John Pontarelli at RUMC at (312) 942-2000.
11/9/17 #1044782

Chicago Sun-Times Certificate of Publication

State of Illinois - County of Cook

Chicago Sun-Times, does hereby certify it has published the attached advertisements in the following secular newspapers. All newspapers meet Illinois Compiled Statute requirements for publication of Notices per Chapter 715 ILCS 5/0.01 et seq. R.S. 1874, P728 Sec 1, EFF. July 1, 1874. Amended by Laws 1959, P1494, EFF. July 17, 1959. Formerly Ill. Rev. Stat. 1991, CH100, PL.

Note: Notice appeared in the following checked positions.

PUBLICATION DATE(S): 11/09/2017

Chicago Sun-Times

IN WITNESS WHEREOF, the undersigned, being duly authorized,
has caused this Certificate to be signed

by



Mary Lou Davis
Account Manager - Public Legal Notices

This 11th Day of November 2017 A.D.

RUSH UNIVERSITY MEDICAL CENTER
1653 W CONGRESS PARKWAY
CHICAGO, IL 60612-3833

Criterion 1110.130/Reasons For Discontinuation/Impact On Access

RUMC is discontinuing the outpatient chronic renal dialysis due to low utilization and high operations cost. There is capacity for the service in the area and RUMC physicians will continue and follow patients who receive outpatient chronic renal dialysis services from other providers. RUMC temporarily discontinued the service in October. It has had no issue with placing its patients and no concerns have been expressed regarding any negative impact from area providers of service, or otherwise.

The permanent discontinuation of RUMC's chronic pediatric focused service will not negatively impact other area providers as the utilization was low. Further, there are a number of other area providers that have capacity to treat the patients seen at RUMC, as established from the temporary discontinuation of the service.

See attached Appendix A for proof of impact statement.

Safety Net

1. The discontinuation should not have a material impact on any safety net services in the community.
2. The discontinuation will not impact cross-subsidization of safety net services in the community.
3. The permanent discontinuation of the dialysis category of service will not impact the remaining safety net providers in the community. Dialysis, while a lifesaving service, is not a safety net service as it is primarily covered by Medicare or commercial insurance. There is capacity in the community to access dialysis services through other providers, all of which accept, to RUMC's knowledge, Medicaid and/or undocumented patients.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year 2014	Year 2015	Year 2016
Inpatient	1,720	705	539
Outpatient	22,238	13,573	12,168
Total	23,958	14,278	12,707
Charity (cost in dollars)			
Inpatient	19,040,534	10,392,361	9,593,714
Outpatient	15,722,789	10,413,490	10,340,459
Total	34,763,323	20,805,851	19,934,173
MEDICAID			
Medicaid (# of patients)	Year 2014	Year 2015	Year 2016
Inpatient	8,842	7,280	7,432
Outpatient	92,486	97,916	109,058
Total	101,328	105,196	116,490
Medicaid (revenue)			
Inpatient	98,482,000	94,862,000	92,476,000
Outpatient	14,646,000	24,880,000	32,417,000
Total	113,128,000	119,742,000	124,893,000

Charity Care

Rush University Medical Center

CHARITY CARE			
	Year 2014	Year 2015	Year 2016
Net Patient Revenue	1,025,637,000	1,081,808,000	1,170,781,000
Amount of Charity Care (charges)	138,355,670	82,762,407	78,396,404
Cost of Charity Care	34,763,323	20,805,851	19,934,173

APPENDIX A

See attached Request For Impact Letters

Professional Building
1725 W. Harrison St.
Suite 364 POB III
Chicago, IL 60612

Tel: 312.942.2309
Fax: 312.942.2055
www.rush.edu
cynthia_barginere@rush.edu



Cynthia Barginere, RN, DNP, FACHE
Rush University Medical Center
Senior Vice President and
Chief Operating Officer for Rush Hospital
Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Big Oaks Dialysis Center
5623 West Touhy
Niles, IL 60714

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

Your facilities which may be impacted due to location appear on the attachment hereto. We are interested in your ability to accommodate a portion or all of our previous patients and whether your facility (or any of your facilities) has any restrictions or limitations which would preclude it from providing the service to our patients in the area. If you do not respond, we will assume the discontinuation has no impact on your facility (or facilities). If you do choose to respond, please send the response to my attention at Cynthia_Barginere@rush.edu. We will forward any responses received to the HFSRB.

Thank you.

Sincerely,

Cynthia Barginere, RN, DNP, FACHE
Senior Vice President & Chief Operating Officer, Rush University Hospital

cc: Shaun T. Cooper, Associate Vice President
Justin T. Johnson, Senior Corporate Counsel

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Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Brighton Park Dialysis
4729 South California Avenue
Chicago, IL 60632

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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Senior Vice President & Chief Operating Officer, Rush University Hospital

cc: Shaun T. Cooper, Associate Vice President
Justin T. Johnson, Senior Corporate Counsel

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Senior Vice President and
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Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Calumet Dialysis Center
1200 Sibley Boulevard
Calumet City, IL 60409

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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Senior Vice President & Chief Operating Officer, Rush University Hospital

cc: Shaun T. Cooper, Associate Vice President
Justin T. Johnson, Senior Corporate Counsel

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Rush University Medical Center
Senior Vice President and
Chief Operating Officer for Rush Hospital
Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Center for Renal Replacement
7301 N. Lincoln Ave.
Lincolnwood, IL 60712

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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Senior Vice President & Chief Operating Officer, Rush University Hospital

cc: Shaun T. Cooper, Associate Vice President
Justin T. Johnson, Senior Corporate Counsel

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Senior Vice President and
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Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Circle Medical Management
1426 West Washington Blvd.
Chicago, IL 60607

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Community Dialysis of Harvey
16641 Halsted St.
Harvey, IL 60426

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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cc: Shaun T. Cooper, Associate Vice President
Justin T. Johnson, Senior Corporate Counsel

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Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Concerto Dialysis
14255 Cicero Avenue
Crestwood, IL 60445

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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Rush University Medical Center
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Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Cook County Hospital Dialysis
1901 West Harrison
Chicago, IL 60612

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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Senior Vice President & Chief Operating Officer, Rush University Hospital

cc: Shaun T. Cooper, Associate Vice President
Justin T. Johnson, Senior Corporate Counsel

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Rush University Medical Center
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Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Country Hills Dialysis
4215 West 167th Street
Country Club Hills, IL 60478

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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Senior Vice President & Chief Operating Officer, Rush University Hospital

cc: Shaun T. Cooper, Associate Vice President
Justin T. Johnson, Senior Corporate Counsel

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Rush University Medical Center
Senior Vice President and
Chief Operating Officer for Rush Hospital
Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Dialysis Care Center of Oak Lawn
9115 South Cicero Avenue
Oak Lawn, IL 60453

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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cc: Shaun T. Cooper, Associate Vice President
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Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Dialysis Management Services
7435 West Talcott
Chicago, IL 60631

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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cc: Shaun T. Cooper, Associate Vice President
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Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Garfield Kidney Center
3250 West Franklin
Chicago, IL 60624

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

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Senior Vice President and
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Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Grand Crossing Dialysis
7319 South Cottage Grove Avenue
Chicago, IL 60619

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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Thank you.

Sincerely,

Cynthia Barginere, RN, DNP, FACHE
Senior Vice President & Chief Operating Officer, Rush University Hospital

cc: Shaun T. Cooper, Associate Vice President
Justin T. Johnson, Senior Corporate Counsel

Professional Building
1725 W. Harrison St.
Suite 364 POB III
Chicago, IL 60612

Tel: 312.942.2309
Fax: 312.942.2055
www.rush.edu
cynthia_barginere@rush.edu



Cynthia Barginere, RN, DNP, FACHE
Rush University Medical Center
Senior Vice President and
Chief Operating Officer for Rush Hospital
Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Irving Park Dialysis
4343 North Elston Avenue
Chicago, IL 60641

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
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Kenwood Dialysis
4259 S. Cottage Grove Ave.
Chicago, IL 60653

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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February 14, 2018

**VIA CERTIFIED MAIL
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Logan Square Dialysis
2816 North Kimball Avenue
Chicago, IL 60647

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

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February 14, 2018

**VIA CERTIFIED MAIL
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Loyola Dialysis Center
1201 West Roosevelt Road
Maywood, IL 60153

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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February 14, 2018

**VIA CERTIFIED MAIL
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Mt. Sinai Hospital Med Ctr
2798 West 15th Place
Chicago, IL 60608

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

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February 14, 2018

**VIA CERTIFIED MAIL
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Nephron Dialysis Center
5140 North California Avenue
Chicago, IL 60625

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

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February 14, 2018

**VIA CERTIFIED MAIL
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Nocturnal Dialysis Spa
1634 South Ardmore
Villa Park, IL 60181

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

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I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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February 14, 2018

**VIA CERTIFIED MAIL
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NxStage Oak Brook
1600 West 16th Street
Oak Brook, IL 60521

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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February 14, 2018

**VIA CERTIFIED MAIL
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Oak Park Kidney Centers, LLC
610 South Maple Avenue
Oak Park, IL 60304

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

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I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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Justin T. Johnson, Senior Corporate Counsel

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Rush University Medical Center
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Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
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SAH Dialysis Clinic at 26th Street
3059 West 26th Street
Chicago, IL 60623

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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February 14, 2018

**VIA CERTIFIED MAIL
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Satellite Dialysis of Glenview
2601 Compass Road
Glenview, IL 60025

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

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February 14, 2018

**VIA CERTIFIED MAIL
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South Holland Renal Center
16100 LaSalle Street
South Holland, IL 60473

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

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February 14, 2018

**VIA CERTIFIED MAIL
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U.S. Renal Care Villa Park Dialysis
200 East North Avenue
Villa Park, IL 60181

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

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February 14, 2018

**VIA CERTIFIED MAIL
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University of Illinois Hospital Dialysis
1859 West Taylor
Chicago, IL 60612

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

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February 14, 2018

**VIA CERTIFIED MAIL
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West Lawn Dialysis
7000 South Pulaski Road
Chicago, IL 60629

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

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**VIA CERTIFIED MAIL
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Woodlawn Dialysis
5060 S. State St.
Chicago, IL 60615

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

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Senior Vice President & Chief Operating Officer, Rush University Hospital

cc: Shaun T. Cooper, Associate Vice President
Justin T. Johnson, Senior Corporate Counsel

- Professional Building
1725 W. Harrison St.
Suite 364 POB III
Chicago, IL 60612

Tel: 312.942.2309
Fax: 312.942.2055
www.rush.edu
cynthia_barginere@rush.edu



Cynthia Barginere, RN, DNP, FACHE
Rush University Medical Center
Senior Vice President and
Chief Operating Officer for Rush Hospital
Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

DaVita
3 West Hawthorn Parkway #410 & #290
Vernon Hills, IL 60061

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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Thank you.

Sincerely,

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Senior Vice President & Chief Operating Officer, Rush University Hospital

cc: Shaun T. Cooper, Associate Vice President
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Chief Nurse Executive

February 14, 2018

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Fresenius Medical Care - North Division - Midwest Group
3500 Lacey Road
Downers Grove, IL 60515

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

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I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
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RCG Evanston
2953 Central
Evanston, IL 60201

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

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Chief Nurse Executive*

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

RCG Villa Park
York Road & Roosevelt Road
Elmhurst, IL 60126

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

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cc: Shaun T. Cooper, Associate Vice President
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February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

US Renal Care Hickory Hills
9528 South Roberts Road
Hickory Hills, IL 60457

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

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cc: Shaun T. Cooper, Associate Vice President
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Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

US Renal Care West Chicago
112 West 87th Street
Chicago, IL 60620

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

To Whom It May Concern:

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Senior Vice President and
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Chief Nurse Executive

February 14, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

USRC Oak Brook Dialysis
1213 Butterfield Road
Downers Grove, IL 60515

RE: Rush University Medical Center - Discontinuation of 6 Chronic Renal Dialysis Stations

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I am writing to request an impact statement from you concerning the planned discontinuation of our six station chronic renal dialysis unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board ("HFSRB"), and hope we will receive such approval on or before the end of the first quarter of 2018. In 2017 the average utilization was well below the State of Illinois target rate for dialysis services. In 2018 to date the utilization has been zero.

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cc: Shaun T. Cooper, Associate Vice President
Justin T. Johnson, Senior Corporate Counsel



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

January 5, 2018

Clare E. Connor, Partner
McDermott Will & Emory
444 West Lake Street, Suite 4000
Chicago, IL 60606-0029

RE: Temporary of Suspension of Service

Dear Ms. Connor:

On October 31, 2017, the State Board received your notice that Rush University Medical Center located at 1653 West Congress Avenue, Chicago has temporarily suspended its chronic renal dialysis service as of October 31, 2017 the date of receipt of your letter. The State Board requires notice of the status of this temporary suspension every 30-days until service is resumed.

On January 3, 2018 we received your 30-day update. Thank you for your continued compliance with the Illinois Health Facilities Planning Act.

Should you have any questions or concerns, please contact Courtney Avery, Administrator of my staff at Courtney.Avery@illinois.gov or 312.814-4825.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Olson", with a horizontal line extending from the end of the signature.

Kathy Olson, Board Chair
Illinois Health Facilities and Services Review Board

McDermott Will & Emery

Boston Brussels Chicago Dallas Düsseldorf Frankfurt Houston London Los Angeles Miami
Milan Munich New York Orange County Paris Seoul Silicon Valley Washington, D.C.
Strategic alliance with MWE China Law Offices (Shanghai)

Clare E. Connor
Attorney at Law
cconnor@mwe.com
+1 312 984 3365

March 12, 2018

VIA FEDEX

Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761


Re: Rush University Medical Center - COE Application to Discontinue Chronic Renal
Dialysis Category of Service

Dear Courtney:

Enclosed is an exemption application and accompanying filing per as referenced above.

Thank you.

Very truly yours,


Clare E. Connor

cc: Mike Constantino
Justin Johnson

DM_US 89543317-1.006093.0449